No. W 152624		Due no later than Jun 30, 2016		2. Registered Agent and Address (NO PO BOX)			
Return to: SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080		Annual Report Form 1. Mailing Address: Correct in this box if needed. FAMILY MEDICAL CARE CLINICS, PLLC PO BOX 38 HAYDEN ID 83835		JOHN L TORQUATO 265 W PRAIRIE SHOPPING CENTER HAYDEN ID 83835 3. New Registered Agent Signature:*			
NO FILING FEE IF RECEIVED BY DUE DATE 4. Limited Liability Companies: Enter Nar		mes and Addresses of a	least one Member or Manager.				
Office Held	Name		Street or PO Address	City	State	Country	Postal Code
MANAGER RUTHIE RODRIG		DRIGUEZ	265 W PRAIRIE SHOPPING CENTER	HAYDEN	ID	USA	83835
5. Organized Under the Laws of: ID W 152624		6. Annual Report must be signed.* Signature: Jeri Ann McConnel Name (type or print): Jeri Ann McConnel		Date: 04/27/2016 Title: Credentialing			
Processed 04/27/2016		* Electronically provided signatures are accepted as original signatures.					